


NFIRS-1 Basic 	A Rochester Fire Department Fire Department		01/27/2015 05:07:11 2015-002342 00 Date Time Incident Number Exposure														
	B Street address 247 N GOODMAN ST ROCHESTER, NY 14607 Cross Street: ANDERSON AV <div style="text-align: right;">Census Tract</div>																
C Incident Type Building fire		E₁ Dates and Times Alarm Time 01/27/2015 05:07:11 Time Out 01/27/2015 05:08:19 Arrival 01/27/2015 05:12:26 Controlled 01/27/2015 07:49:16 Cleared 01/27/2015 18:56:10		E₂ Shift and Alarms <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">3</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">Shift</td> <td style="text-align: center;">Alarm</td> <td style="text-align: center;">District</td> <td style="text-align: center;">Alarm Box</td> <td></td> </tr> </table>		1	3				Shift	Alarm	District	Alarm Box			
1	3																
Shift	Alarm	District	Alarm Box														
D Mutual Aid: None Their FDID State Incident Responding Departments (Press Other)				E₃ Special Studies													
F Actions Taken 1. Extinguishment by fire service personnel 2. Establish safe area 3. Remove hazard		G₁ Resources <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">Apparatus</th> <th style="text-align: center;">Personnel</th> </tr> </thead> <tbody> <tr> <td>Suppression</td> <td style="text-align: center;">17</td> </tr> <tr> <td>EMS</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">19</td> </tr> <tr> <td>Personnel Not on Apparatus</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Total Personnel</td> <td style="text-align: center;">65</td> </tr> </tbody> </table>		Apparatus	Personnel	Suppression	17	EMS	0	Other	19	Personnel Not on Apparatus	0	Total Personnel	65	G₂ Estimated Dollar Losses Losses Property \$614,000 Contents Unknown Pre Incident Value Property \$614,000 Contents Unknown	
Apparatus	Personnel																
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	Deaths	Injuries															
Fire Service	0	0															
Civilian	0	0															
H₂ Detector		I Mixed Property Use															
K₁ Person Entity Involved 186 Atlantic Ave LLC 247 N GOODMAN ST ROCHESTER, NY 14607			K₂ Owner														
L Remarks <p>Reported flames from the roof of a building Engine 9 on scene with smoke and fire from the roof of a 3 story masonry structure and requested a 2nd alarm On my arrival there was heavy fire visible thru the windows on the 3rd floor and smoke and flames venting from a hole in the roof Structure was a 3 story ordinary construction unoccupied building approximately 50' by 100' Initially companies made entry into the structure via the main door on the "B" side of the structure and advanced a charged 1 3/4" hose line extinguishing the visible fire on the 2nd floor. Companies then advanced the line as well as an uncharged 2 1/2" line to the third floor stairwell door. Engine 9 reported having hydrant problems delaying water supply to sprinkler connection. LDC assumed command / BC2 Operations Engine 12 assigned to supply Engine 17 with water on their arrival Truck 10 reported that there was a large air conditioning unit on the roof of the structure and that the roof around it was beginning to sag. The decision was made to switch to a defense attack and evacuated all companies from the structure. A 3rd alarm was requested and staged at Goodman & University Car 99 conducted a PAR and confirmed all members were accounted for after structure evacuated A collapse zone was established and Truck companies were positioned on all 4 corners of the structure, supplied with water and put their ladder pipes in operation Command structure: Car 1 - Command, Car 2 & LDC Operations, BC2 "Charlie" Division Car 99 - Safety, Car 9 - PIO Truck 3, 4, 5 & 10 provided ladder pipe operations Engines 1, 9, 12, 13, 16, 17 water supply and master streams HM1 - RFD Command Vehicle</p>																	

Engine 2 staging
 R/M - 3 ambulances and a command vehicle
 RTS - Bus for rehab
 RG&E responded and secured the utilities to the structure
 Under control @ 0749 hrs
 No FF or Civilian injuries reported
 Duties transferred to BC 2 Group 3 BC Peer @ 0810hrs
 BC Peer's comments:
 0810 hrs. BC 2, Group 3 assumed duties from BC 2, Group 1.
 Larry Walworth, Radio Repair, was requested to send extra "charged" radio batteries to the scene.
 The city fuel truck was requested to top off fire apparatus in need of fuel.
 Red Cross requested to the scene by Car 2.
 City Salt Crews were requested to Salt the parking lot and adjacent Streets.
 City of Rochester Senior Architect Tim Raymond on location.
 Building owner Gary Stern on Location.
 RG&E reported gas shut off at street curb valve @ 1011 hrs.
 RG&E reported electric was shut off and isolated to the fire building 1015 hrs.
 Structural Steve Carini, Employed by Building owner Gary Stern and City Building Rep Kurt Martin, evaluated the building from Truck 10's bucket to access damage.
 A private excavator was on location, hired by the building owner to remove the fire building front wall "A" side so fire fighters could extinguish any hot spots.

M	JOHN P SCHREIBER Officer in Charge	Rank	Assignment	02/02/2015 Date
	MICHAEL D DOBBERTIN Member Making Report	Batt Chief Rank		02/02/2015 Date

NFIRS-2 Fire 	B Property Details B₁ Not Residential Estimated number of residential living units in building of origin whether or not all units became involved. B₂ 1 Number of buildings involved. B₃ None Acres burned (outside fires).	C On-Site Materials or Products On-site material (1) Storage Code On-site material (2) Storage Code On-site material (3) Storage Code	
D Ignition <i>Undetermined</i> Area of Fire Origin <i>Undetermined</i> Heat Source <i>Undetermined</i> Item First Ignited <i>Undetermined</i> Type of Material First Ignited		E₁ Cause of Ignition <i>Cause under investigation</i> E₂ Factors Contributing to Ignition 1. <i>Undetermined</i>	E₃ Human Factors <i>None</i>
F Equipment Involved in Ignition			
G Fire Suppression Factors 1. <i>Delayed reporting of fire</i> 2. <i>Automatic fire suppression system problem.</i>			
H Mobile Property Involved			

**NFIRS-3
Structure**

I₁ Structure Type Enclosed building	I₂ Structure Status Under major renovation	I₃ Building Height 3 stories above grade # of stories below not entered	I₄ Main Floor Size A length of 100 feet by a width of 50 feet
J₁ Fire Origin 3 stories above	J₃ Number of stories damaged by flame 3 stories with extreme damage		K Material Contributing Most to Flame Spread Item No Flame Spread or same as material ignited Type No Flame Spread or same as material ignited
J₂ Fire Spread Confined to building of origin			

L Presence of Detectors
Undetermined**M₁ Presence of Automatic Extinguishment System**
Present**M₃ Automatic Extinguishment System Operation**
System did not operate**M₆ Automatic Extinguishment System Failure Reason**
System shut off**M₂ Type of Automatic Extinguishment**
Wet-pipe sprinkler**M₄ Number of Sprinkler Heads**

RFD - FIRE INVESTIGATION DATA ENTRY

ALARM

INCIDENT 1 5 0 2 3 4 2 3 3 0 1 4	NODE 2 4 7	HOUSE NUMBER G o o d m a n	STREET NAME S t N	TYPE S t N	DIR N
INCIDENT DATE 0 1 2 7 1 5	DAY 3	TIME 0 5 0 2	FIRE TYPE 1 1 1 1 1	CAUSE 0 0 0 7	U U U U
INVESTIGATION DATE 0 1 2 7 1 5	DAY 3	TIME 0 5 1 2	CIGARETTE BRAND NYS STAMP FILTER / NON LOCATION PURCHASED		
PERSON REPORTING -- FIRST NAME MI			LAST NAME		DATE OF BIRTH
HOUSE NUMBER		STREET NAME		TYPE DIR	AGE RACE SEX WORK PHONE

VICTIM 1

FIRST NAME G a r y	MI	LAST NAME S t e r n	AGE RACE SEX	DATE OF BIRTH
HOUSE NUMBER 3 8	STREET NAME T o b y	TYPE DIR	PHONE	
CITY P i t t s f o r d	STATE N Y	ZIP CODE 1 4 5 3 4	OWNER <input checked="" type="checkbox"/>	OCCUPANT <input type="checkbox"/>

VICTIM 2

FIRST NAME	MI	LAST NAME	AGE RACE SEX	DATE OF BIRTH
HOUSE NUMBER	STREET NAME	TYPE DIR	PHONE	
CITY	STATE	ZIP CODE	OWNER <input type="checkbox"/>	OCCUPANT <input type="checkbox"/>

OTHER

FIRST NAME	MI	LAST NAME	AGE RACE SEX	DATE OF BIRTH
HOUSE NUMBER	STREET NAME	TYPE DIR	OTHER PERSON - DESCRIPTION	

SUSPECT

FIRST NAME	MI	LAST NAME	AGE RACE SEX	DATE OF BIRTH
HOUSE NUMBER	STREET NAME	TYPE DIR	NICKNAME / ALIAS	

INCIDENT <input checked="" type="checkbox"/>	CRIME <input type="checkbox"/> NYSPL: _____	Group: <u>I</u>	DOW: <u>TUESDAY</u>	NET SEC: A B C D E <u>F</u>	PSA <u>30</u>
Evidence Sample - Y <u>N</u>	Witnesses - Y <u>N</u>	Possible Juvenile Involvement - Y N	Multiple - Y N	Vacant - Y N	
Smoke Det - Y N	Activated - Y N	Battery - Y N	Type- PhotoElectric	Ionization	Heat CO2

INCIDENT DESCRIPTION

3rd alarm fire in a large commercial building under renovation.

Status: F/U ATF FRY Intervention Off Closed Field

VEHICLE

YEAR	MAKE	MODEL	TYPE	COLOR (TOP/BOTTOM)	REGISTRATION NUMBER	STATE
Towed - Y N		Release ? Y N		VEHICLE IDENTIFICATION NUMBER	REGISTRATION NUMBER	
REPORTED STOLEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IGNITION SYSTEM <input type="checkbox"/> LOCKING <input type="checkbox"/> NON	KEYS <input type="checkbox"/> IN IGNITION <input type="checkbox"/> HIDDEN IN CAR <input type="checkbox"/> NOT IN CAR		DOORS <input type="checkbox"/> LOCKED <input type="checkbox"/> UNLOCKED	BATTERY <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE PLATE <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE REPORTED	FUEL LINES	GLOVE BOX	OTHER ACCESSORIES	VEHICLE TOWED BY		
LAST PERSON DRIVING				ADDRESS		

SIGN

TITLE I n v	INITIAL M	LAST NAME W a l k e r	ASSISTING FIU CARS INITIAL	LAST NAME
ASSISTING INVESTIGATORS K	INITIAL K	LAST NAME K e n y o n		

FIREFIGHTER: BURNS 0 INJURIES 0 FATALITIES 0 CIVILIAN: BURNS 0 INJURIES 0 FATALITIES 0

INVESTIGATION REOPENED TO: ☐ ATF ☐ FRY ☐ GROUP INVESTIGATOR SIGNATUREFOLLOW-UP ☐ RELATED INCIDENT DATE: / /ADDRESS: 1157 11th



City of Rochester

Fire Department
185 Exchange Blvd., Ste 665
Rochester, New York 14614-2124
www.cityofrochester.gov



Fire Safety
Division

October 17, 2012

Wright Bob Creative Group Inc
247 N Goodman Street
Rochester, NY 14607

Reference: 247 N GOODMAN STREET

A Fire Code inspection was conducted by the Rochester Fire Department on 10/17/2012.

The occupied space and/or building have been deemed to be in substantial compliance. At the time of the inspection no fire code violations were observed.

Suppression and detection system are in proper working order and sufficient for the building.

I want to thank you for your efforts to maintain your premises(s) in a code compliant status, thereby enhancing the image of the City of Rochester as a safe place to live and work.

If you have an questions regarding this inspection or any other fire safety issue, please contact us at 585-428-7037 OR visit the website www.cityofrochester.gov to learn more about fire safety codes and safety practices for the home and work environments.

Regards,

Salvatore Mitrano III
Fire Marshal